## McKesson Vaccine Return Form

## **Idaho Vaccine Returns** Date: Contact Name: Office Name: Phone: (208)Fax: (208) Include a copy of this form with return vaccines Shipment Temperature Incident Vaccine compromised in: **Exceeded Expiration Date** If vaccine was compromised during shipment, complete the McKesson Return Form. If the vaccine was compromised during a temperature incident, complete the McKesson Return From and Temperature Incident/Wasted Report. **Expiration** Reason Vial or Vaccine Type Manuf. Lot# NDC# # Doses Date Wasted **Syringe**

## Contact the Idaho Immunization Program to request a return shipment label.

If vaccine was compromised during shipment: Contact McKesson at (877) 836-7123. Enclose a copy of the completed McKesson Vaccine Return Form with the returned vaccine and submit a copy of the form to the Idaho Immunization Program.

Position:

If vaccine was compromised due to a temperature incident: Complete the McKesson Vaccine Return Form and the Temperature/Wasted Vaccine Report. Enclose a copy of the completed McKesson Vaccine Return Form with the returned vaccine. Submit a copy of the McKesson Vaccine Return Form and the Temperature/Wasted Vaccine Report to the Idaho Immunization Program.

If vaccine has expired: Enclose a copy of the completed McKesson Vaccine Return Form with the returned vaccine and submit a copy of the form to the Idaho Immunization Program.

Phone: (208) 334-5931 or (800) 554-2922

Fax: (208) 334-4914 Email: <u>IIP@dhw.idaho.gov</u>



Printed Name:



## Temperature Incident / Wasted Vaccine Report

Office Name:
Storage Requirements Refrigerator: 35 - 46° F or 2 – 8° C Freezer: 5° F or 14° C or colder (Varicella)
Time and Date of temperature incident:
Reason vaccine was wasted:
Corrective Actions Taken:
Thermometer Information:
Type: Date Battery was Replaced:
Type.
Refrigerator Information:
Freezer Information:
Manufash was Basansa andakiana
Manufacturer Recommendations:
Signature:
Printed Name & Title:

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